

PTO/SB/17 (12-04v2)
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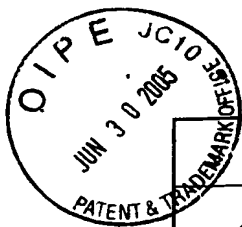
Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818). FEE TRANSMITTAL For FY 2005		Complete if Known	
		Application Number	10/788783-Conf. #6129
		Filing Date	February 27, 2004
		First Named Inventor	Donald A. SERINO
		Examiner Name	Brigitte R. Hammond
		Art Unit	2833
<input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		Attorney Docket No.	ALS-018
TOTAL AMOUNT OF PAYMENT		(\$)	240.00

METHOD OF PAYMENT (check all that apply)	
<input type="checkbox"/> Check	<input type="checkbox"/> Credit Card
<input type="checkbox"/> Money Order	<input type="checkbox"/> None
<input type="checkbox"/> Other (please identify): _____	
<input checked="" type="checkbox"/> Deposit Account	Deposit Account Number: <u>12-0080</u> Deposit Account Name: <u>Lahive & Cockfield, LLP</u>
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)	
<input checked="" type="checkbox"/> Charge fee(s) indicated below	<input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee
<input checked="" type="checkbox"/> Charge any additional fee(s) or underpayment of fee(s) under 37 CFR 1.16 and 1.17	<input checked="" type="checkbox"/> Credit any overpayments

FEE CALCULATION							
1. BASIC FILING, SEARCH, AND EXAMINATION FEES							
	FILING FEES		SEARCH FEES		EXAMINATION FEES		
		<u>Small Entity</u>		<u>Small Entity</u>		<u>Small Entity</u>	
Application Type	Fee (\$)	Fee (\$)	Fee (\$)	Fee (\$)	Fee (\$)	Fee (\$)	Fees Paid (\$)
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	
							Small Entity
							Fee (\$)
2. EXCESS CLAIM FEES							Fee (\$)
Fee Description							Fee (\$)
Each claim over 20 (including Reissues)							50
Each independent claim over 3 (including Reissues)							200
Multiple dependent claims							360
							180
Total Claims		Extra Claims	Fee (\$)	Fee Paid (\$)	Multiple Dependent Claims		
<u>20</u>		<u>- 20 = 0</u>	<u>x 0 = 0</u>	<u>0</u>	Fee (\$)		Fee Paid (\$)
Indep. Claims		Extra Claims	Fee (\$)	Fee Paid (\$)			
<u>4</u>		<u>- 4 = 0</u>	<u>x 0 = 0</u>	<u>0</u>			
3. APPLICATION SIZE FEE							
If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).							
Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof			Fee (\$)	Fee Paid (\$)	
<u> </u>	<u>- 100 =</u>	<u> </u>	<u>/50 (round up to a whole number) x</u>			<u> </u>	<u> </u>
4. OTHER FEE(S)							
Non-English Specification, \$130 fee (no small entity discount)							Fees Paid (\$)
Other (e.g., late filing surcharge): 1806 Submission of an Information Disclosure Statement							180.00
2251 Extension of Time within the first month							60.00

SUBMITTED BY			
Signature	<u>Thomas V. Smurzynski</u>	Registration No. (Attorney/Agent)	24,798
Name (Print/Type)	Thomas V. Smurzynski	Telephone	(617) 227-7400
		Date	June 30, 2005

I hereby certify that this correspondence is being deposited with the U.S. Postal Service as Express Mail, Airbill No. EV418601752US, in an envelope addressed to: MS Amendment, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on the date shown below.	
Dated: June 30, 2005	Signature: <u>Thomas V. Smurzynski</u> (Thomas V. Smurzynski)



07-05-05

1744

AMENDMENT TRANSMITTAL LETTER			Docket No. ALS-018
Application No. 10/788783-Conf. #6129	Filing Date February 27, 2004	Examiner Brigitte R. Hammond	Art Unit 2833

Applicant(s): Donald A. SERINO

Invention: RUGGEDIZED ETHERNET CONNECTOR ASSEMBLY

TO THE COMMISSIONER FOR PATENTS

Transmitted herewith is an amendment in the above-identified application.

The fee has been calculated and is transmitted as shown below.

CLAIMS AS AMENDED					
	Claims Remaining After Amendment	Highest Number Previously Paid	Number Extra Claims Present	Rate	
Total Claims	20	- 20 =	0	x	
Independent Claims	4	- 4 =	0	x	
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>					
Other fee (please specify): Submission of an Information Disclosure Statement					180.00
Petition for One Month Extension of Time					60.00
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT:					240.00

- ☐ Large Entity ☒ Small Entity
- ☐ No additional fee is required for this amendment.
- ☒ Please charge Deposit Account No. 12-0080 in the amount of \$ 240.00
- ☐ A check in the amount of \$ _____ to cover the filing fee is enclosed.
- ☐ Payment by credit card. Form PTO-2038 is attached.
- ☒ The Director is hereby authorized to charge and credit Deposit Account No. 12-0080 as described below. A duplicate copy of this sheet is enclosed.
- ☒ Credit any overpayment.
- ☒ Charge any additional filing or application processing fees required under 37 CFR 1.16 and 1.17.

Thomas V. Smurzynski
Thomas V. Smurzynski
Attorney Reg. No.: 24,798

Dated: June 30, 2005

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